Tare .	***
-	•
	.22
÷	T. Breit
÷	-
2	127
.2	
-	
5	:
-	
	7
***	÷-
~	r.
-	
4	5
Harry 13	
50	=
2	₹.
ñ,	***
Minut Meniff	2
3	<b>.</b>
74	Ž:
=	
ATT ATT	*
2	
,,,,,	=
***	
Ē,	
-	
1	
-	=
-	***
: :	: 7
****	
-	-

Please type a plus sign (+) inside	$\rightarrow$ this box $\rightarrow$				PTO/SP/04 (40.00)			
PTO/SB/01 (10-00) Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.								
DECLARATION FOR UTILITY OR DESIGN		Attorney Doc		932-				
		First Named	Inventor	Reppe				
PATENT APPL			COMPLETE IF KNOWN					
(37 CFR 1.		Application N	umber					
		Filing Date	6	18/01				
☐ Declaration ☐ Submitted <b>O</b> R	Declaration Submitted after Init	ial Group Art Un	it					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Na	me					
As a below named inventor, I he	reby declare that:							
My residence, mailing address, and	d citizenship are as sta	ted below next to my r	ame.					
I believe I am the original, first and								
names are listed below) of the sub	<del></del>	TOP COLT		SIMM				
System a	ad neth		ect		_,			
the specification of which	(7	Title of the Invention)						
is attached hereto								
was filed on (MM/DD/YYYY)	10/16/30		States Application	Number or PC	T International			
Was filed on (MM/DD/YYYY) 10 16 2000 (if applicable).  Application Number PCTU50028629rd was amended on (MM/DD/YYYY) 03222001								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority bene	efits under 35 U.S.C. 1	19(a)-(d) or 365(b) of	any foreign applic	ation(s) for pate	nt or inventor's			
certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application  Number(s)	Country	Foreign Filing Dat (MM/DD/YYYY)			ppy Attached?			
PCT/USO0/28624		10/16/2000						
		( 1						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below								
Application Number(s)		e (MM/DD/YYYY)		al provisional a				
60/159,885	1018	1999	numbers are listed on a supplemental priority data sheet					
			PTO/SE	3/02B attached h	nereto.			
					1			

[Page 1 of 2]
Burden Hour Statement. This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

the contract of the contract o

Please type a plus sign (+) inside this box 

PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION** — Utility or Design Patent Application

I illect all correspondence to:	Customer Nu or Bar Code		265	42	OR 🗌	Correspondence address below		
Name James	и.	LE	+5					
Address 37 BC								
Address								
city S. Burl	rate	<b>&gt;</b> Λ		State	VT	ZIP 05403		
Country USK		Telephon	ne <i>80</i>	28	64-1575	ZIP 05403 Fax 802864 9319		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been file	ed for this unsigned inventor		
the state of the s			•	Family Name or Surname				
Inventor's					Date			
Residence: City			State		Country	Citizenship		
Mailing Address								
Mailing Address								
City	State			ZIP		Country		
NAME OF SECOND INVENTOR				A petiti	on has been file	ed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature						Date		
Residence: City			State		Country	Citizenship		
Mailing Address								
				, <u>.</u> ,				
Mailing Address				ZIP		Country		
City  Additional inventors are being named	State on thes	supplemer	ntal Additio		tor(s) sheet(s) PTO	Country  /SB/02A attached hereto.		